

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1468

63-047053

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 31 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b 60yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DO St. Joseph, Hosp		d. STREET ADDRESS 419 1/2 Illinois Ave (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emil Middle Bachali Last Bachali			4. DATE OF DEATH Month Dec. Day 16, Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1902
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 61 Days 61 Hours 61 Min. 61	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Tavern	
11. BIRTHPLACE (City and state or country) Grand Rapid, Wisc.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis Bachali		13b. MOTHER'S MAIDEN NAME Virginia Asnicar	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Donald Bachali, St. Joseph, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetic			INTERVAL BETWEEN ONSET AND DEATH sudden 1 1/2 yrs unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 10:15 P.M. Month, Day, Year 11/17/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri		COUNTY Mo STATE Mo	
21. I attended the deceased from March 9, 1959 to 12/16/63 and last saw her alive on 11/17/63 Death occurred at 10:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sharon E. Waggoner, M.D.		22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri	
22c. DATE SIGNED 12/20/63		22d. LOCATION (City, town, or county) St. Joseph, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/20/63	
23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo	
24. FUNERAL DIRECTOR John E. Rupp		25. DATE RECD. BY LOCAL REG. Dec. 30, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		27. BY AFFIDAVIT OF	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

BY AFFIDAVIT OF

Permitted issued 12-20-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

country _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address H. Joseph Rupp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.